



## **Home and Community Based Services (HCBS) Options**

### **Assisted Living Facility (ALF) Waiver**

### **Long Term Care (LTC) Waiver**

### **Program of All-Inclusive Care for the Elderly (PACE)**

*There are three Home and Community Based Services programs that are available as an alternative to nursing home care:*

- 1) Assisted Living Facility (ALF) Waiver – provides services in an Assisted Living Facility
- 2) Long Term Care (LTC) Waiver – provides services in the home
- 3) Program of All-Inclusive Care for the Elderly (PACE) - provides services to participants in their home and at the PACE center (*currently only available to applicants in Laramie County, age 55 and older*)

The Assisted Living Facility (ALF) Waiver, Long Term Care (LTC) Waiver, and the Program of All-Inclusive Care for the Elderly (PACE) are programs offered by Medicaid (Title 19) as a community-based alternative to nursing home care.

These programs offer specialized services in the home, an Assisted Living Facility, or at the PACE center and may prevent the need for admission to a nursing home.

#### ***HOW YOU APPLY:***

- Contact the Medicaid Eligibility Long Term Care Unit toll free at 1-855-203-2936 for an application.

#### ***HOW YOU QUALIFY:***

In order to participate in the Assisted Living Facility waiver, the Long Term Care waiver, or PACE you must qualify in the following areas:

- For the ALF and LTC waivers, the applicant must be 19 years of age or older; for the PACE program, the applicant must be 55 years of age or older.
- You must meet Nursing Home Level of Care, as determined by the LT-101 assessment, which will be completed by a Public Health Nurse in your county.
- You must meet financial eligibility which is determined by the Medicaid Long Term Care Financial Eligibility Unit. *There are special income guidelines for these programs, so even if you have not qualified for help before, you may now.* If you are under age 65 you will also need to meet the disability requirements.

## **WHAT HAPPENS NEXT?**

After the Home Care Services Unit receives your program selection and case management agency choice:

- You will receive a call from the Public Health Nursing office in your county to schedule a time for the nurse to come to your home to complete the LT-101 assessment. ***It is very important that you are available when the Public Health Nurse is scheduled to meet with you to complete your assessment.***

## **IF YOU QUALIFY:**

- If you qualify, you will receive a letter from the Medicaid Eligibility Long Term Care Unit telling you that your Medicaid eligibility is pending.
- Your Case Manager will contact you to prepare your Plan of Care.
- After your plan of care is approved, your in-home services will begin.
- You will also be Medicaid eligible and receive a Medicaid Card in the mail allowing you to access Medicaid-covered medical services. Medicaid will periodically review your financial status to determine if you continue to qualify for Medicaid services. It is important to assist the Medicaid Eligibility Specialist during these reviews.
- Your Waiver case manager will visit you each month to see how your waiver services are going, and if any changes need to be made to better serve you.

## **SERVICES THAT MAY BE AVAILABLE TO YOU, BASED ON YOUR PROGRAM SELECTION:**

- **Assisted Living Facility (ALF) Waiver**
  - Personal Care
  - Homemaker
  - Medication Management
  - Twenty-four hour on-site response staff
  - Supervision, safety and security
- **Long Term Care (LTC) Waiver – Agency Option**
  - Case Management
  - Personal Care Assistant (PCA) Services
  - Skilled Nursing
  - Home Delivered Meals
  - Personal Emergency Response System (PERS) Installation
  - PERS Monthly Monitoring
  - Non-Medical Transportation
  - Adult Day Care
  - Respite Services

- **Long Term Care Waiver – Participant-Directed Care Option**

- Case Management
- Self Help Assistant Services (SHAs)
- Fiscal Management Services
- Skilled Nursing
- Home Delivered Meals
- Personal Emergency Response System (PERS) Installation
- PERS Monthly Monitoring
- Non-Medical Transportation
- Adult Day Care

- **Program of All-Inclusive Care for the Elderly (PACE)**

- |  |                               |
|--|-------------------------------|
| ○ Primary Care (including doctor and nursing services) | ○ Adult Day Care              |
| ○ Hospital Care  | ○ Recreational Therapy        |
| ○ Medical Specialty Services                           | ○ Meals                       |
| ○ Prescription Drugs                                   | ○ Dentistry                   |
| ○ Nursing Home Care                                    | ○ Nutritional Counseling      |
| ○ Emergency Services                                   | ○ Social Services             |
| ○ Home Care  | ○ Laboratory / X-ray Services |
| ○ Physical Therapy                                     | ○ Social Work                 |
| ○ Occupational Therapy                                 | ○ Counseling                  |
|  | ○ Transportation              |

Not all participants receive all services. Services are determined by the LT-101 assessment, the participant, the case manager, and service availability in your geographic area.

### ***WHAT IS THE COST OF CARE?***

- An Assisted Living Facility (ALF) waiver participant is responsible for payment of the monthly room and board expense associated with living in an ALF. The ALF waiver only pays for the personal care services provided by the assisted living facility.
- A Long Term Care (LTC) waiver participant is not required to contribute toward the cost of approved services being provided under the LTC waiver.
- A Program of All-Inclusive Care for the Elderly (PACE) program participant is not required to contribute toward the cost of approved services being provided under the PACE program, as long as the PACE participant has been determined Medicaid eligible and continues to receive PACE services in their home or at the PACE center.